MHS Business Process Transformation

DoD Electronic Health Record Modernization

RADM Raquel Bono, MC, USN

"Medically Ready Force…Ready

Electronic Health Record (EHR) Modernization Effort

The DoD will purchase an Off the Shelf (OTS) EHR that has proven experience in deploying to large facilities. The EHR will meet Office of National Coordinator (ONC) standards which includes:

- Clinical decision support
- Predictive analysis
- Communication and workflow management
- The new EHR will be configurable, **but not** customizable!
- Solution will be utilized in a standardized way for the Garrison and the Operational communities

Using industry-proven technology to enable business transformation across the Military Health System

"Medically Ready Force…Ready Medical Force"

MHS Transformation and EHR Modernization

- MHS needs to transform into a High Reliability Organization (HRO)
- Functionally led EHR implementations are more likely to succeed than IT led implementations
- Clinical and business process standardization are necessary for that transformation and are necessary for successful EHR implementation
- This is not just an Information Technology (IT) system; it is an entire business transformation for the MHS (clinical and business)
- Standardization of clinical / business workflows and clinical content to take full advantage of the built in efficiencies of an integrated EHR system
- Workflow and clinical content standardization will be accomplished through Tri-Service Workflow Advisory Groups (TSWAGs)
  - Build upon existing TriService Workflow (TSWF) and Content Advisory Group (CAG) Subject Matter Experts
  - Includes inpatient and outpatient environments
  - Includes both Operational Medicine and fixed facilities
  - TSWAGs will continue to govern standardization beyond EHR full deployment

EHR Modernization Guiding Principles

- Standardization of clinical and business processes across the Services and the MHS
- Design a patient-centric system focusing on quality, safety and patient outcomes that meet readiness objectives
- Flexible and open, single enterprise solution that addresses both garrison and operational healthcare
- Clinical business process reengineering, adoption, and implementation over technology
- Configure not customize
- Decisions shall be based on doing what is best for the MHS as a whole – not a single individual area
- Decision-making and design will be driven by frontline care delivery professionals
- Drive toward rapid decision making to keep the program on time and on budget
- Provide timely and complete communication, training, and tools to ensure a successful deployment
- Build collaborative partnerships outside the MHS to advance national interoperability

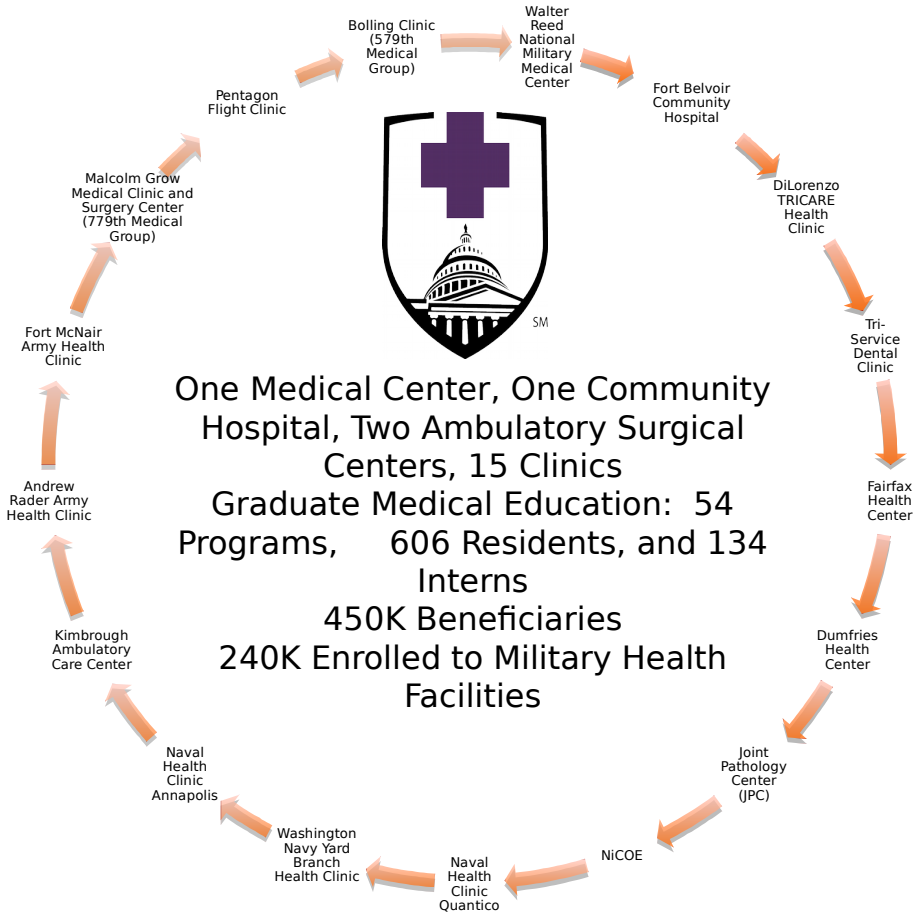
"Medically Ready Force…Ready Medical Force"

Questions ?

National Capital Region Enhanced Multi-Service Market Business Plan

RADM Raquel Bono, MC, USN
Director, National Capital Region Medical

National Capital Region Enhanced Multi-Service Market (eMSM) Overview


Bolling Clinic (579th Medical Group)
Walter Reed National Military Medical Center
Fort Belvoir Community Hospital
DiLorenzo TRICARE Health Clinic
Tri-Service Dental Clinic
Fairfax Health Center
Dumfries Health Center
Joint Pathology Center (JPC)
NiCOE
Naval Health Clinic Quantico
Washington Navy Yard Branch Health Clinic
Naval Health Clinic Annapolis
Kimbrough Ambulatory Care Center
Andrew Rader Army Health Clinic
Fort McNair Army Health Clinic
Malcolm Grow Medical Clinic and Surgery Center (779th Medical Group)
Pentagon Flight Clinic
SM
One Medical Center, One Community Hospital, Two Ambulatory Surgical Centers, 15 Clinics
Graduate Medical Education: 54 Programs, 606 Residents, and 134 Interns
450K Beneficiaries
240K Enrolled to Military Health Facilities

Who/What

The NCR eMSM is a partnership of Military Medical Facilities from all Services – Army, Navy, Air Force and Joint Facilities. Collectively, the NCR eMSM provides a full range of medical services supporting the Nation's Capital.

Why

Over 450,000 beneficiaries reside within the National Capital Region. To provide the best integrated care system possible for these beneficiaries, the NCR eMSM was established to promote the best use of the medical assets for everyone.

Where

The NCR eMSM is located in the Nation's Capital and extends into Maryland and Northern Virginia. It services military installations south to Quantico, east to Annapolis, north to Fort Meade, and centrally in Bethesda and Fort Belvoir.

When

The NCR eMSM partnership was formally established in 2013 along with the Defense Health Agency under the leadership of RADM Bono.

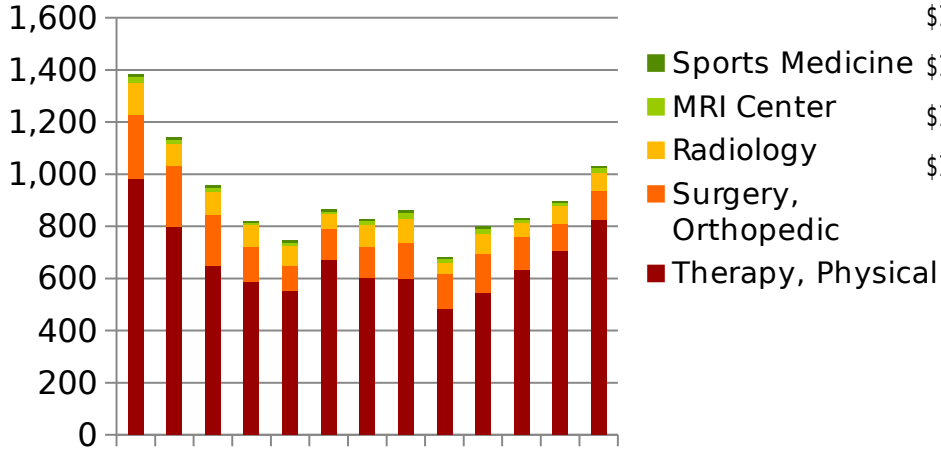
How

Focusing on collaboration and partnership with our patients, we are constantly developing a culture of quality so we can deliver the best care possible for our patients and support the Nation's Military Mission.

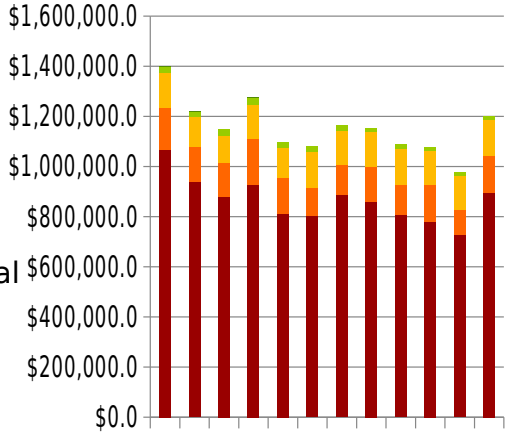
Recapturing Private Sector Care

Orthopedics, Physical Therapy, Sports Medicine and MRIs

Deferrals by Specialty



Private Sector Care Costs by Specialty

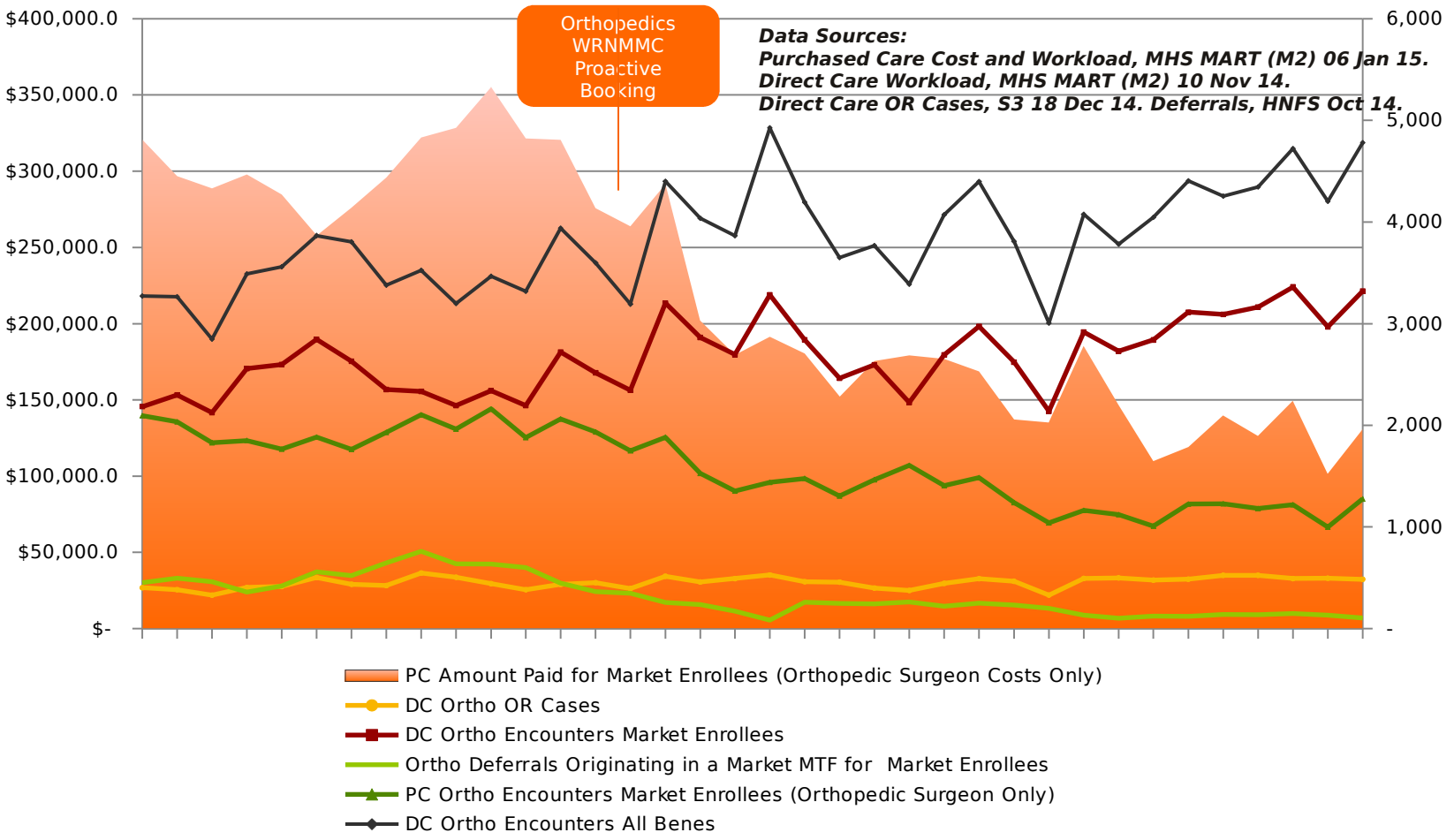


Orthopedics, in particular, has been a focus area for becoming an integrated market service and targeted efforts toward standardization and proactive booking are underway. Physical therapy remains high in deferrals due to capacity challenges. We are taking specific efforts to increase both capacity and to do better screenings through the primary care channels by embedding phyiscal therapy directly into the Patient Centered Medical Home.

Preliminary data suggest the tide is turning and private sector care costs appear to be coming down as we focus on deferrals.

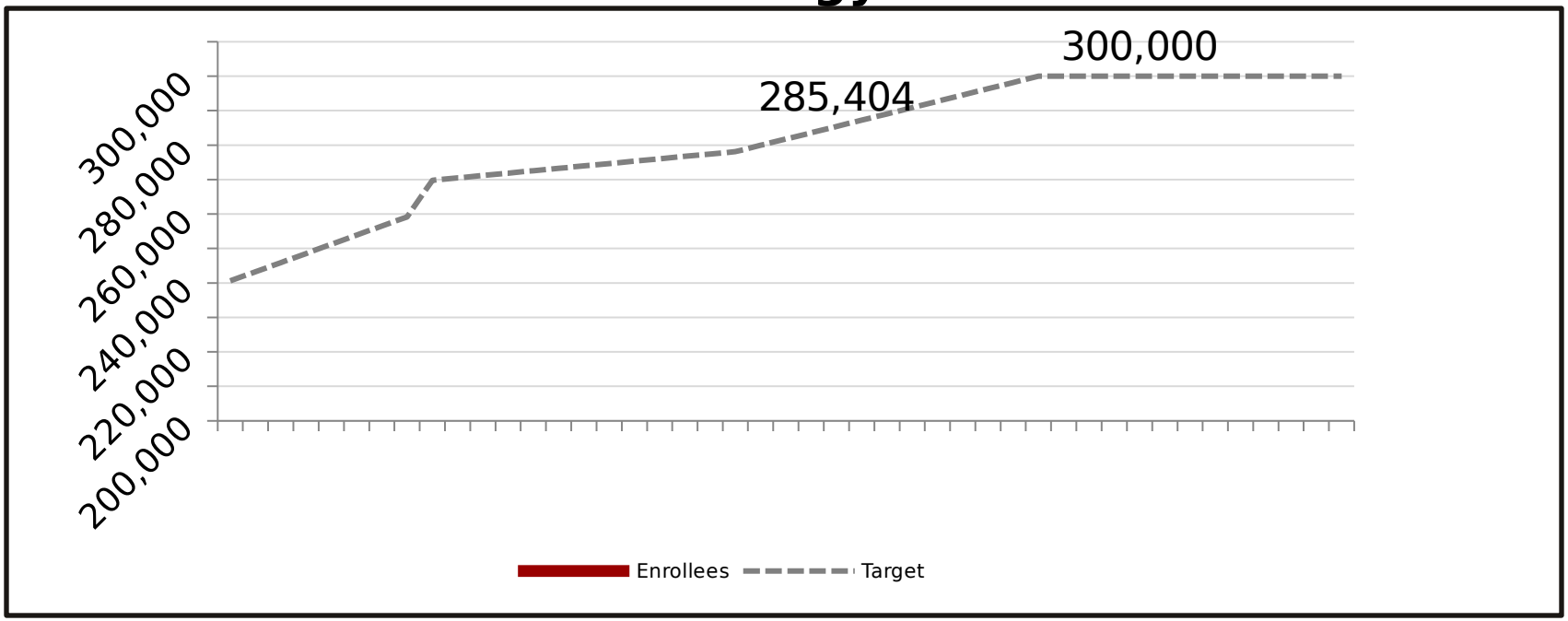
Recapturing Private Sector Care Orthopedic Specialty

Orthopedic Care Private Sector Care Cost Reductions and Direct Care Productivity Trends



Recapturing Private Sector Care Enrollment

Enrollment Strategy for the Future

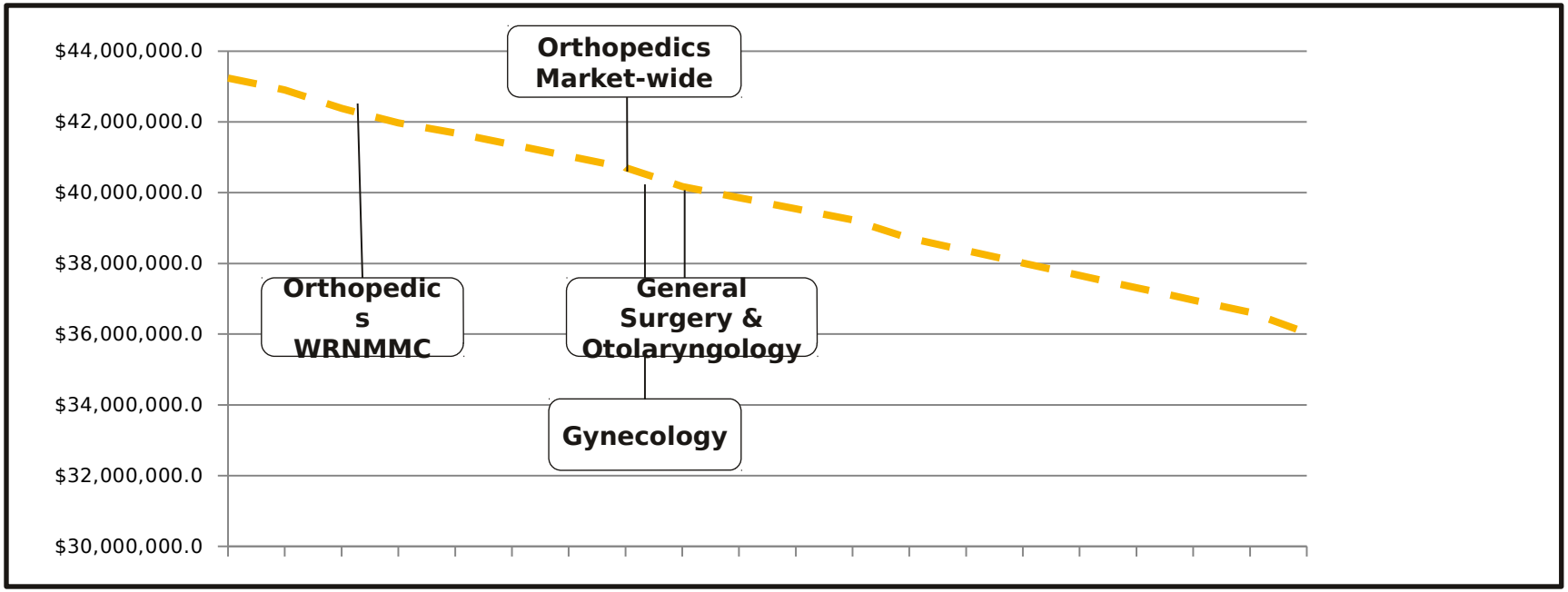


As we increase access, increasing enrollment and use of our capacity is the next step in our strategy to recapture private sector care costs. By increasing both productivity and enrollment, we will have the capability and capacity to absorb more of the care we have been sending out to the private sector.

The overall goal for enrollment (including our TRICARE Plus) is 300,000 in FY2018. The Patient Centered Medical Home project is focused on identifying where we need to increase our primary care capabilities, where our capacity is and where the beneficiaries are in the market. The targets are agressive and the focus is on increasing enrollment by 11,000 this year.

Bending the Cost Curve into the Future

Projected Impact on Private Sector Care Costs for NCR Prime Enrollees

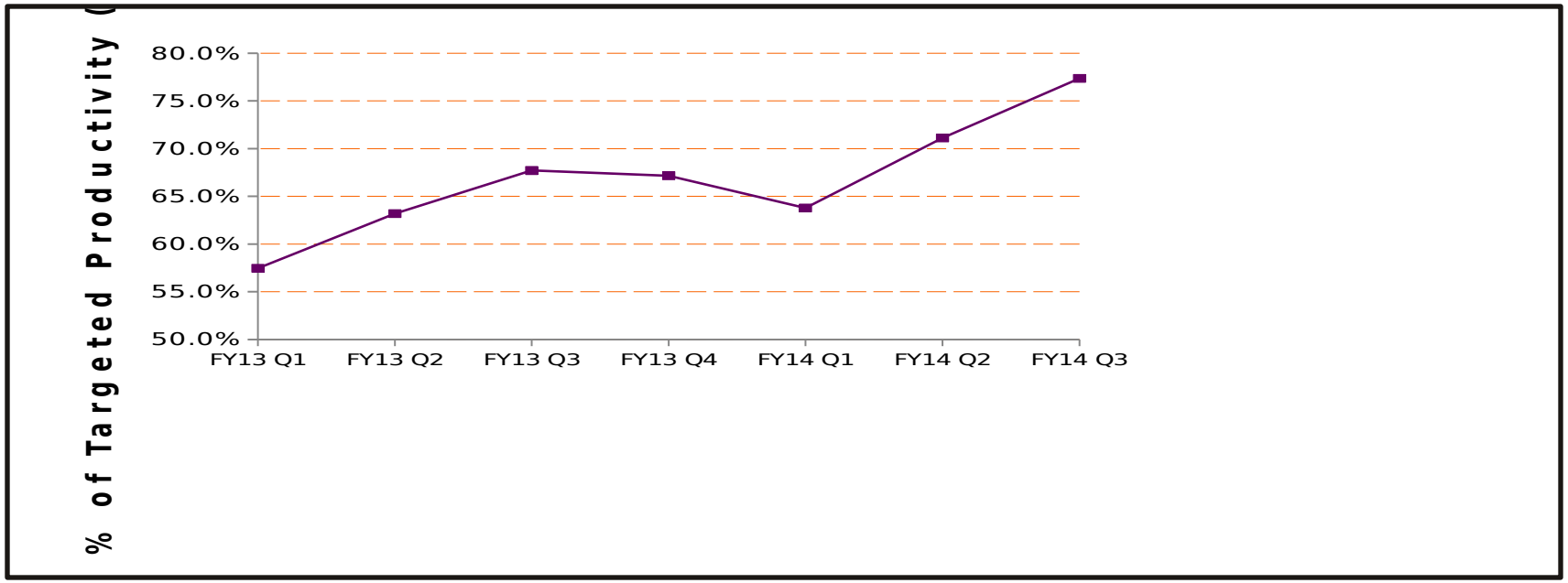


Through innovative efforts in Referral Management and Proactive Booking, the NCR is beginning to see promising results in Orthopedics. Beginning in 2015, these practices will be extended into other surgical specialties, including General Surgery, Otolaryngology and Gynecology.

Projection assumptions; Data Source: MHS MART (M2)

1. *Outpatient Ortho, Ent, General Surgery, Gynecology decrease by 50% annually; other services, 4% annually*
2. *Inpatient Costs decrease by 4% annually; Pharmacy Costs, 1% annually*
3. *No adjustments made for increases in enrollment*

Increasing Military Provider Productivity



Recapturing specialty care from the private sector contributes to increased provider productivity for military specialty providers. The "back-to-basics" approach to referral management, template standardization and access management is showing promising early results.

Data Source: MHS MART (M2), DHA Analytics

Questions ?

Career and Promotion Information

RADM Raquel Bono, MC, USN
Chief of the Medical Corps

January 12, 2015

Medical Corps Promotions

Active Component (2100)

	FY10	FY11	FY12	FY13	FY14	FY15
Opportunity Selects	80% 64	80% 77	80% 90	60% 51	60% 50	60% 67
Opportunity Selects	80% 145	80% 122	80% 100	80% 106	80% 145	70% 111
Opportunity Selects	100% 212	100% 287	100% 243	100% 318	100% 248	100% 186

Career Management

- Keep track of your accomplishments
  - Utilize brag sheets at mid-term counseling and FITNESS report time
- Be visible, contribute to your command and in your specialty
- Be an outstanding Naval Officer; highly regarded in your community
- Be willing to take demanding, overseas and remote assignments
- Be consistent in your performance in a variety of settings – operational, MTF, staff, headquarters
  - Accept command-wide tasks and collateral duties.
- Prepare for selection boards at least one year out:
  - Compare FITREPs with OSR, correct discrepancies.
  - Confirm your record is complete: FITREPS, AQDs, training, awards

FITREPS

- Draft FITNESS report input thoughtfully – know your audience
- Present new material, build on your previous FITREP
- Write action, result, impact bullets: tactical, operational and strategic levels
- Emphasize the IMPORTANCE of accomplishments
- Put your accomplishments into a context that the board will understand.
- Translate clinical contributions into leadership
- If your FITREPs are not legible submit by letter to the selection board.
- Special FITREPS for graduating interns and residents with follow-on orders to training site
- Concurrent Reporting Seniors can do Special FITREPS
- Navy Reserve Unit CO can do concurrent reports for SELRES
- Mandatory to document Judicial or NJP's where finding of guilt and/or punishment

What are Board Members Looking For?

- “Breaking out” within a competitive peer group – moving to the right
- Trait averages above peer group and reporting senior averages
- Soft “breakout” in the FITREP narrative
- Leadership potential – ability to function at the next level
- “Goodbye” kiss
- Significant life events are recorded as a field code 17 (both good and bad)
- Sustained, superior performance

Performance Summary Report

PERFORMANCE SUMMARY REPORT

DATE OF REPORT:

NAME(LAST,FIRST, MIDDLE)	DESIG/RATE	SSN	PAGE 2 OF 2
[redacted]	2100	[redacted]	

PG	STATION	DUTY	DATES	MOS	REPORTING SENIOR NAME	PG	TITLE	TRAITS 1	2	3	4	5	AVERAGES IND SUM	R/S CUM	PROMOTION REC SP	PR	P	MP	EP	PRT	RPT TYPE
O4	NH JAX FH JAX DET	GEN INTE RNIST	110103 103104	12	[redacted]	O6	CO	0	0	2	3	1	3.83 3.84	187 3.85	0	0	X 16	10	7	P/WS	RG
O4	NH JAX FH JAX DET	GEN INTE RNIST	110104 081205	9	[redacted]	O6	CO	0	0	1	4	1	4.00 3.83	291 3.88	0	0	14	9	X 6	P/WS	RG
O4	NH JAX FH JAX DET	GEN INTE RNIST	081305 052606	10	BONO R C	O6	CO	0	0	1	4	1	4.00 4.00	5 3.97	0	0	0	0	X 1	P/WS	RG
O4	NAVY MEDICINE EAST	ALTHA CH AMPION	052706 103106	5	[redacted]	O7	COMMANDE R	0	0	1	3	2	4.17 4.17	409 3.98	0	0	0	0	X 1	P/WS	RG
O4	NAVY MEDICINE EAST	AHLTA CH AMPION	110106 102507	12	[redacted]	O8	COMMANDE R	0	0	1	3	2	4.17 4.17	879 3.99	0	0	0	0	X 1	P/WS	RG
O4	NAVY MEDICINE EAST	AHLTA CH AMPION	102607 081208	10	[redacted]	O7	COMMANDE R	0	0	1	3	2	4.17 4.17	468 4.12	0	0	0	0	X 1	P/WS	RG
O4	NAVY MEDICINE EAST	AHLTA CH AMPION	081308 061609	10	[redacted]	O7	COMMANDE R	0	0	1	1	4	4.50 4.50	218 4.28	0	0	0	0	X 1	P/WS	RG
O5	NAVHOSP SIGON ELLA	INTERNAL MED	061709 022410	8	[redacted]	O6	CO	0	0	2	0	4	4.33 4.33	44 4.33	0	0	X 4	2	2	P/WS	RG
O5	NAVHOSP SIGON ELLA	INTERNAL MED	022510 043011	14	[redacted]	O6	CO	0	0	2	1	3	4.17 4.14	35 4.14	0	0	4	X 1	2	PP	RG
O5	NAVHOSP SIGON ELLA	PHYSICIA N	050111 061912	14	[redacted]	O6	CO	0	0	2	1	3	4.17 4.04	64 4.10	0	0	4	X 2	2	PP	RG
O5	NPC MILLINGTO N TN	[redacted]	062012 032913	9	[redacted]	O6	BRANCH H EAD	0	0	1	1	4	4.50 4.50	7 4.50	0	0	0	0	X 1	P	RG

FOS FITREP Forensics

- Failure to Select:
  - Incomplete Records,
  - Non-progressing, downward trend, inconsistent FITREPS
  - Lack of diversity of assignment
  - PRT failure
  - Non-competitive FITREPS
- Don’t give up. Selection AZ is possible.
- Have a strategy. Work with specialty leader & detailer.
- Take the hard jobs, break out from the pack and excel.
  - Write a short, pertinent letter to the board.
    - All items provided to the board must be read
    - Outline omissions of performance or required clarifications in your record.

Questions?